Minnesota Department of Corrections (DOC)

Requests for Information (RFI),
Questions and Answers RFI Addendum #1 (one)

State-wide Health Care Electronic Medical Records (EHR) Systems and Related Components for Offenders under the Authority of the Commissioner of Corrections.

1. **Please provide an estimated number of named and concurrent users of the proposed EHR.**

   DOC has not estimated the number of concurrent or named users for the proposed EHR software. At the end of this document is a breakdown of the positions in health services that would use the EHR by role and FTE count. Vendors can use this to determine the number of named or concurrent users.

   In addition, DOC contracts for their medical and behavioral health providers. Those services are provided on an estimated hours per week basis and may be fulfilled by multiple different providers on a given week. Below is the breakdown of expected hours of contracted staff.

Care Type / Specialty	*Estimates Hours Per Week*
Primary Care	*342*
Physical Therapy	*80*
OBGYN	*8*
Infectious Disease	*10*
Phlebotomist	*38*
Visual Field	*2*
Optometrist	*39*
Psychiatrist PCP	*2*
Nurse Practitioner Psych	*43*
Clinical Nurse Specialist Psych	*8*
Psychiatrist	*166*
Physician Assistant/Nurse Practitioner	*128*
Total	*886*

2. **Does MN DOC have funds appropriated or allocation currently for this project?**

   At this time the Department does not have funding specifically of this project.

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3. **Is DOC interested in Software as a Service solution meaning a single per user price that includes software, hosting and support or is DOC simply looking for a hosted solution and open to other licensing options? Does MN DOC have a preference?**

   DOC does not have a preference towards a single licensing/deployment model type at this time. DOC expects RFI responses from vendors that include multiple licensing/deployment options including but not limited to: purchase and maintenance, leased, purchased and vendor hosted, software-as-a-service/subscription model, self-hosed, or vendor hosted.

4. **With whom does the Department want to be interoperable?**

   DOC would like to be able to participate in health information exchange at the local and state levels including but not limited to participating in state level HIEs, exchanging data with community based providers (hospitals, physician offices, etc.). In addition, in the IO tab of the software requirements interoperability features are described.

5. **Can you please provide the exact Total Number of Providers, Clinicians and Administrative Staff broken down by specialty (i.e. Nurse, Psychiatrist, System Administrators, Dental, etc.) that will be utilizing the system?"**

   See answer to question 1.

6. **Please provide general statistics:**

   a. **Number of Licensed Acute Care Beds Number of sites that will access the EHR?**
   b. **Inpatient Admissions Per Year**
   c. **Total Number of Patients per Day (PpD) (Includes all acute, ED, and ambulatory patients)**
   d. **Number of professional claims per month**
   e. **Number of Appointments Scheduled per month**
   f. **Number of Dedicated Scheduling Users**
   g. **Number of total pharmacies**
   h. **Number of pharmacy concurrent Users**
   i. **Number of Pharmacy Orders per Day**

DOC does not have all of the statistics listed above due to the nature of correctional health. Please see the DOC website for demographic information about the total number of offenders who reside within the system to gain perspective on the size of the population that DOC health services provides care to.

http://www.doc.state.mn.us/PAGES/index.php/about/statistics/

7. **What implementation timeframe would MN DOC expect from a vendor? (this may affect cost proposals from different vendors)**

   We anticipate that the timeframe will vary by vendor and are looking for the RFI to inform DOC's expectations regarding timing. Current expectations are that this will likely be an 18 – 36 month project but want to review the plans of vendors for further revision.

8. **What is the maximum number of concurrent users that you expect for the EHR system? This is a significant concern if you plan to have a single database for all facilities. It is also a consideration even if you plan for each facility to have its own independent database.**

   See answer to question 1

9. **How many concurrent users are there? Please list the number of physicians, nurses, and medical staff. How many users will there be?**

   See answer to question 1

10. **How many employees will be trained on the EMR?**

    All employees and contracted health service providers will need to be trained on the EMR. See question 1 for statistics on the number of employees and contracted health service providers. However, we anticipate that different vendors will have various approaches to training ranging from train-the-trainer to the vendor trains everyone.

11. **In Appendix A, Deployment Options 3.4, it is suggested that MN DOC would like to explore all options. Does the Minnesota DOC have any preference on how they want their software deployed? Remotely or self-hosted?**

DOC does not have a preference towards a single licensing/deployment model type at this time. DOC expects RFI responses from vendors that include multiple licensing/deployment options including but not limited to: purchase and maintenance, leased, purchased and vendor hosted, software-as-a-service/subscription model, self-hosed, or vendor hosted.

12. How many dentists would be utilizing the EHR?

DOC dental staff include 15 Full Time Equivalents (FTEs) for employees.

13. How many locations will be rolled out? Where are the correction facilities located in the state?

See the website below. DOC anticipates the EHR will be used across the entire system.

http://www.doc.state.mn.us/PAGES/index.php/about/statistics/

14. Is MN DOC interested in doing a pilot to start?

DOC is not fixed on a singular implementation strategy and anticipates the RFI will help to inform the planning. A pilot approach could be a viable approach but likely one of many considered. DOC would be interested in vendors recommendations for implementation approaches to be described in their RFI responses.

15. Attachment B -INT-3: Which data elements must be defined as "public, private, or confidential"?

DOC is asking for the capability of the software to allow DOC to flag data elements as public, private, or confidential. DOC at this time has not identified which of the data elements listed on the INT tab must fit into each of the categories. DOC believes that will occur during an implementation. This requirement is simply asking for the feature at the data element/field level.

16. How are medications passed for the general prison population now? Med carts? Or do the offenders come to a specific location for a med distribution?

Medications are passed through a mix of methods. For many offenders, they visit a pill line at a dispensing window of the pharmacy. Offenders line up to wait for their

medications. When they reach the window, their identity is verified, medication is administered, and often the DOC employee/contracted will do a visual check to make sure the offender has taken the medication. In some instance such as evening, a mobile pill line is set up with a medication cart a specific location on a unit and a similar process is followed. For secured units where offenders do not leave their quarters often, the pharmacy will pack up sealed envelopes with the medications and complete med pass on the unit, chart administration on paper, and then log the administration on the MAR when the return to the pharmacy.

17. What is currently being used to certify offender identity for meds pass?

What is currently being used to certify offender identity for meds pass? The offenders photo I.D. that shows his OID is used. With the Emar we will scan the offender badge or if the computers are down we verify OID by the picture ID.

18. CDOC-149: Could you identify what is meant by the reference to the "Contracted Physician's EHR system"?

DOCs providers (physicians, psychiatrists, etc.) are not employees but rather contracted through a third party company. That company has their own EHR system. It is within the contracted company's EHR that the approval is completed for an offender to see an outside provider. This process originates at DOC, goes to the contracted provider company, approval is made, and then the appointment is scheduled.

19. RP-2: What is included in a "Release plan"?

A release plan contains information for the offenders release into the community including medical, dental, and behavioral health information and plans.

20. RP-8: What is included in "available fields" that are to be auto-populated?

DOC does not want to have to enter duplicate data within the system. So in instances where information has already been charted, such as name, date of birth, most recent blood pressure, etc. DOC would like the ability to have that information auto-populate on a release plan.

21. Does MN DOC intend to run the system from a single database with all offenders in it and with multiple divisions?

DOC is not fixed on singular data architecture and anticipates the RFI will help to inform planning. DOC anticipates that different vendors may have different approaches to the multiple DOC facilities including a single database or multiple databases.

Regardless of whether a single database or multiple databases are used by a vendor, the ability to run population health reports, queries, and alerts across the entire DOC system is important.

22. **Presuming that each offender is assigned a unique ID when incarcerated? Does that offender retain that unique ID forever? That is, is that ID unique over time and for all MN facilities or does each facility assigns its own ID? Does an offender get a new unique ID with each incarceration?**
Each offender retains one unique offender ID forever.

23. **Does MN DOC have inpatient settings (infirmaries) as well as outpatient settings (clinics)? If both, how many beds are there and how many clinic visits per year?**

DOC provides care to its offenders through a mix of care settings within the DOC system. These includes the equivalent of a clinic where office visits and sick call visits are conducted. DOC also has settings that are similar to an inpatient setting for medical, psychiatric, geriatric, and disabled care. For more information on the facilities, see below.

DOC does not have data on the number of visits at this time.

http://www.doc.state.mn.us/PAGES/index.php/facilities/adult-facilities/

24. **If there are infirmaries, what is the current staffing schedule for the infirmaries?**

DOC does not have information for the staffing schedule at this time.

Within the eleven correctional facilities, are there any mental health wards?

See answer 23.

25. **What is the projected budget for this EHR project?**

One of the reasons we are soliciting responses to this RFI is to have a better understanding of the potential costs. We anticipate that the responses we receive will be the basis for our requests.

26. Can you please provide the # of providers that you have? Please note our licenses are issued by the number of providers according to the definition below:

"Providers" mean those Physicians, Nurse Practitioners, Physician Assistants, Audiologists, Optometrists, Therapists, Occupational Therapists, Physical Therapists, Music Therapist, Speech Therapists, Massage Therapists, Chiropractors, Anesthesiologists, Psychologists, Dentists, Hygienists, Licensed Social Workers, Midwife, Nutritionists, Dietitians, Counselors, Mental Health Practitioners, Neurophysiologists, Nurses that provide patient care, and Podiatrists employed by or under contract with Customer to provide services within the medical field. The term Provider shall not include Customer personnel employed by or under contract with Customer as office managers, secretaries, or other administrative staff, and (hereinafter referred to as "Customer Personnel"). For any category of Customer staff not identified above, Responder and Customer shall agree in writing as to who is a Provider.

See answer to question 1.

27. Please provide how many are full-time and part-time.

See answer to question 1.

28. Please provide the number of expected patients.

See answer 6.

29. How many facilities do you currently have and how many will be accessing the new EHR?

See answer 13

30. What databases do you currently have that an EHR system would need to interface with?

See tab IO in the requirements document for information on the interoperability needs.

31. Please identify all interfaces required.

See tab IO in the requirements document for information on the interoperability needs. Anticipated interfaces include the COMS (offender management system) and OnBase (document management system) for internal systems, external pharmacy, lab, and radiology for external partners, and health information exchanges at the state level.

32. What devices do you currently have that an EHR System would need to interface with?

See requirement IO-17 for information on device integration.

33. What HIE exchange would you need to interface with?

See answers 30 and 31

34. Do you currently have a lab company that you work with?

DOC uses a third party lab company. See tab IO in the requirements document for information on the interoperability needs for the lab company. Since contracts with external partners change over time, the lab company that DOC is currently using may not be the same company DOC is using when the EHR is implemented. Experience working with multiple external lab companies should be explained.

35. Do you have an in-house pharmacy? If so, is there an opportunity for replacement of your existing one.

DOC works with an outside pharmacy for the supplying of medications through their contracted provider company. Local pharmacies are run at the DOC facilities that contain the drugs supplied by the pharmacy company

36. What are your Data Migration needs?

DOC is a paper-chart based environment so data migration from one system to the new EHR is limited. However, DOC recognizes that some or all of the clinical data contained in the paper charts, in Microsoft Word Documents, or other file formats will need to get populated into the new EHR either manually or through an automated process. DOC anticipates that the RFI responses may help inform the data migration/conversion strategy for DOC.

37. Do you currently have an Offender Management System? If so, please provide the vendor. If not, do you plan to implement an OMS system?

Yes, DOC has COMS, a custom developed offender management system. DOC intends the EHR software to interface with COMs.

38. Release Planning Requirements – please confirm if the release planning component is regarding release from the infirmary or from the correctional facility.

Release planning is for release from the correctional system to the community.

39. Appendix B - Functional & Technical Questions:
The instructions state: S = Standard - Feature/Function is included in the proposed system and available in the current software release. (Provide a comment on how this will be provided by the vendor.) However, in the Comments Column of the Excel workbook, it states that Free Text is required for Delivery Methods F, C, T, & N. These statements contradict each other; which instruction should we follow?

Vendors are required to provide a comment for delivery methods F, C, T & N. A comment for delivery method S is optional but vendors may add a comment to further explain how the functionality is met with standard (S) functionality.

40. There are references to MN DOC definitions of public, private and confidential information as well as MN specific laws and MN DOC policies. Are these provided anywhere? Or can MN DOC please provide additional detail so we can accurately respond to this requirement? They are located within the General Requirements tab of the Excel workbook.

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There are definitions of public, private, and confidential information on the first page of the Excel workbook. INT-3 also describes functionality to flag at the field level whether the data is public, private, and confidential. Essentially, field level security that goes beyond just read, write, or no access but has levels of read access. This configurability will allow DOC to configure the software to comply with their own policies and MN laws.

41.

Section	Question #	Question
CDOC	**86**	**Please clarify what is meant by "assessment percentage of completion"**
		The percentage of complete assessments to allow users to understand how complete actual assessment charting is in relation to how much assessment charting should be completed.
CDOC	**94**	**Please clarify what you see in a pre-treatment plan template. Is this the same or similar to an initial intake assessment?**
		This is a plan template prior to the offender starting in treatment and having a full treatment plan completed. The plan may be derived from the initial intake assessment and other inputs and is intended to guide treatment over a shorter period of time.
CDOC	**106**	**What is expected to be the contents of the Treatment Plan review documentation**
		This is the ability to document that a treatment plan review was completed, highlight and changes to the treatment plan, and progress against the treatment plan. This should be a configurable charting/documenting screen that would allow DOC to configure the treatment plan review to meet their specific DOC and program needs.
CDOC	**131**	**What is expected to be the contents of the Treatment Plan review documentation**
		This is the ability to document that a treatment plan review was completed, highlight and changes to the treatment plan, and progress against the treatment plan. This should be a configurable charting/documenting screen that would allow DOC to configure the treatment plan review to meet their specific DOC and program needs
CDOC	**164**	**Please clarify "class evaluation reports" - What does this report contain? Does "class" refer to a group of patients?**
		Yes, this refers to a group of offenders. The ability to chart an evaluation report on the group.

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CDOC	**166**	**Please expand upon the "probation contract"**
		This is to chart the content that for a probation contract, the guidelines under which the offers probation is based.
CDOC	**167**	**Please clarify "suspension pending termination" documentation**
		A program participant may be suspended pending termination if he or she violates program or institution rules, or fails to make sufficient progress on treatment goals. This suspension may be as short as one day, but in some cases can be as long as two months. The program participant is required to complete tasks or assignments and then meets with clinical staff to determine if he or she will be allowed back into treatment, or terminated from the program.
CDOC	**168**	**Please explain the acronym "ADP"**
		Alcohol and Drug Program
CDOC	**188**	**We need more information on the requirements of the MN DOC defined civil commitment process and workflow in order to respond**
		In a situation of a civil commitment process, DOC is to gather all charting documentation to support the position that the offender should be civilly committed following their prison sentences. This may be for an offender with severe behavioral health challenges who would pose a danger to themselves or others if released to the community. DOC would like the ability to have DOC configured templates and reports for charting and gathering civil commitment documentation. The workflow component is for DOC configurable features such as routed workflow for co-signature of documentation, alerts to remind DOC of civil commitment deadlines, etc.
CDOC	**199**	**In what format does "Additional Information" need to be captured?**
		We believe this is in reference to CDOC 191. The ability to chart any information that DOC feels is pertinent to the civil commitment process beyond information contained on State forms and have that information be accessible and reportable for DOC.
CDOC	**192**	**Please expand upon this question – from where will the documentation be received? In what format will it be received?** *This is asking for an ability through a tool such as a report writer, a report library, a query tool, a release of information tool, etc. to gather a group of information in the EHR (including charted and scanned information) and bundle that into a group of information to support the civil commitment process.*